

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

US/857214

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		6					57						
8		6					58						
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44		6					94						
45		6					95						
46		6					96						
47		6					97						
48		6					98						
49		6					99						
50		6					100						
TOTAL	1	↓		↓		↓	TOTAL						
IND.	1	↓		↓		↓	IND.						
DEP.	15	↓		↓		↓	DEP.						
TOTAL	16	↓		↓		↓	TOTAL						
CLAIMS	16	↓		↓		↓	CLAIMS						